

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5	1					
6						
7	1					
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TOTAL IND.	4					
TOTAL DEP.	5	↔	↔	↔		
TOTAL CLAIMS	9	████████	████████	████████		

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████